PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003												
Effective October 1, 2003									(c)		66	<del></del>
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL I	ENTITY	,OR		R THAN ENTITY
T	OTAL CLAIMS	3	\0					RATE	FEE		RATE	FEE
FC	DR .		NUMBER FILED		NUM	BER EXTRA		BASIC FE	€ 385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	() minus 20=		•			XS 9=		OR	X\$18=	
INC	EPENDENT C	LAIMS	, minus 3 =		· 7			X43=		OR	X86=	
ΜL	LTIPLE DEPE	NDENT CLAIM P	RESENT						<del> </del>	1		
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=		OR	+290=	
								TOTAL	<u> </u>	OR	TOTAL	770
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							_	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	12/21/06	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADÓI TIONAL FEE
	Total	. 14	Minus	2	U	0	H	X\$ 9=		OR	XS18=	
	Independent • 3		Minus	***	3 <	6		X43=		OR	X86=	,
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		1	+290=	
		•					L	TOTAL		OR	TOTAL	ACT.
		(0-1				(Caluma 0)	•	ODIT. FEE		OR	ADDIT. FEE	
		(Column 1)	<u> </u>	(Colum	ST	ST			ADDI-	]		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	**				X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X43=		OR.	X86=	
7	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	PENDENT	CLAIM		<b> </b>	.145			1200-	-
							· L	+145=	<u> </u>	OR	+290= .TOTAL	
							A	DOIT. FEE		OR	ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)		٠.,		•		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	44		<b>8</b> .		X\$ 9=		OR	X\$18=	
	Independent	•	Minuş	***		s .	+	X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	+145=		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
11	the *Highest Nur	A	TOTAL DOIT FEE		OR ,	TOTAL ODIT. FEE						
		mber Previously Pa iber Previously Paid					foun	d in the ap	propriate box	in <b>col</b> i	ımn 1.	